

1 **LOCAL AGENCY APPLICANT:** _____

2 Grant Program: Community Based Primary Care Clinics

<input type="checkbox"/> Application Budget
<input type="checkbox"/> Final Budget

Detailed Budget for Grant Funds SFY2006: July 1, 2005 - June 30, 2006 See Instructions on page 4 Attach Additional Sheet(s) if Necessary	BUDGET - - PLAN FOR EXPENDITURES
---	---

EXPENDITURE CLASSIFICATION	Salary for Grant Period	FTE (%) Worked in Primary Care Program	Local Applicant Share of Expenses		State Grant Request	Total Expense
			Actual Expense	Non-Cash Donation: In-Kind Contribution		
3 Staff Personnel (List each health professional position)						
Clerical						
Administrative						
FICA (7.65%) Retirement (____) Other: _____ (____)						
4 Contract Personnel (list each health professional position)						
PERSONNEL CATEGORY TOTAL						

1 **LOCAL AGENCY APPLICANT:** _____

2 Grant Program: Community Based Primary Care Clinics

☐ Application Budget

☐ Final Budget

Detailed Budget for Grant Funds

SFY2006: July 1, 2005 - June 30, 2006

BUDGET - - PLAN FOR EXPENDITURES

5	EXPENDITURE CLASSIFICATION	Local Applicant Share of Expenses		State Grant Request	Total Expense
		Actual Expense	Non-Cash Donation, in-kind Contribution		
	Health Services				
	HEALTH SERVICES CATEGORY TOTAL				
6	Travel				
	TRAVEL CATEGORY TOTAL				
7	Supplies				
	Pharmaceuticals				
	Laboratory Materials				
	Other Medical Supplies				
	Office/Clerical Supplies				
	SUPPLY CATEGORY TOTAL				
8	Capital Equipment				
	(Consult with program officials and avoid expenditure, if possible)				
	CAPITAL EQUIPMENT CATEGORY TOTAL				
9	Other Direct expenses (ITEMIZE)				
	DIRECT EXPENSE CATEGORY TOTAL				
10	TOTAL EXPENDITURES BUDGET				
	KDHE USE ONLY:				
	Audited by: _____				

LOCAL AGENCY APPLICANT: _____

Grant Program: Community Based Primary Care Clinics

☐ Application Budget

☐ Final Budget

SFY2006: July 1, 2005 - June 30, 2006

INCOME REVENUE PLAN

PLAN FOR INCOME / REVENUE

(current projects may use last year's figures for all of the following)

State Primary Care Grant (amount requested)

\$

Other state, of federal government grants

\$

Private grants, foundation grants and donations

\$

Self-Pay, Patient Collections

\$

Medicaid and HealthWave

\$

Medicare

\$

Other Health Plans, Private insurance or contracts

\$

TOTAL PRIMARY CARE PROGRAM INCOME / REVENUE

\$

IN-KIND DONATIONS AND VOLUNTEER STAFF (Market Value) \$

KDHE USE ONLY:

Audited by: _____

BUDGET FORM INSTRUCTIONS: PRIMARY CARE CLINICS

Application Attachment #4
Page 4 of 4

The budget is the plan for necessary financing to achieve the process and outcome objectives of the primary care project for the coming year. The plan for financing should receive serious consideration so that few changes will occur to budget line items during the administration of the grant.

- 1 Print or type the name of the organization receiving the grant award.
- 2 This form is to be used only for the Community-Based Primary Care Clinic Grant Application
- 3 **Personnel:** Categorize personnel according to category (e.g. Health professional/clinical staff, clerical, administrative). Health professional/clinical staff includes physicians, all nursing personnel (R.N., LPN, nursing assistants), nurse practitioners, physician assistants, dentists, dental hygienists, psychologists, clinical social workers, and optometrists.

Each employee position should be listed separately by title and percent of full-time equivalency (FTE) in the primary care program. Allocate the salary amounts to be paid from local agency share and/or State Grant in the appropriate columns. Only regularly assigned personnel should be included in the category personnel. Include expenses of payroll taxes and employer-paid benefits.

- 4 **Contract Personnel:** Contract Personnel may include physicians, dentists, nurses, and PAs, ARNPs who provide primary care services by special arrangement or contract. The full time equivalency (FTE) of the contracted person should be shown in the column marked "% time worked in program". Dollar amounts from the appropriate revenue source must be listed in the appropriate columns.
- 5 **Health Services:** This category includes services only, not personnel. Each contracted service must be listed separately (laboratory, pharmacy, radiology, hearing, vision, mental health). Cost related to the contracted service may not be more than the fair market value. The local applicants share may not be more than the actual cost of the service for which the agency has contracted. For example, the cost to report for donated (non-cash) laboratory services should be an amount agreed upon as the market value for those services.
- 6 **Travel:** Include in-state travel to primary care meetings and workshops in this category. Do not include salary expense.
- 7 **Supplies:** Categorize expendable supplies according to type-- Pharmaceuticals (prescription medications purchased or dispensed from the clinic site) Laboratory Supplies, Other Medical Supplies: patient education materials, and clinical supplies directly related to patient services, e.g. drapes, needles), and Office Supplies (supplies for other clerical, financial, administrative and other operational supplies). Do not include a cost(value) for donated sample medications.
- 8 **Capital Equipment:** If possible, avoid budgeting for capital equipment or show it financed through the Local Applicant's share column. Capital Equipment is defined as items costing \$500 or more and having a useful life greater than one year. Not more than 10% of the grant funds requested can be used for capital equipment. Each capital item to be purchased with grant funds must be listed separately.
- 9 **Other Direct Expenses:** (May only include Indirect Cost if KDHE authorizes of a cost proposal) Itemize other direct costs. Indirect costs or contributions are acceptable only as part of the local match, but the agency must submit an annual indirect cost proposal which meets KDHE requirements. Items included in the indirect cost computation cannot be included as direct cost items. Indirect costs may include rent, utilities, general administration, accounting, etc.

- 10 **Total Budgeted Expenses**